Full Name of Party Submitting This Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone Number	
IN THE DISTRICT COURT OF THE	JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE C	COUNTY OF
	Case No.:
, Plaintiff	
T Idiritiii	ORDER FOR GENETIC TESTS
, Defendant	
Based on the request of	asking this court to
order genetic tests pursuant to Idaho Code §7-17	16, IT IS ORDERED:
1. The child,	, mother,,
and alleged father,	, shall submit to genetic testing to be
performed by an expert qualified as an examiner	of genetic markers;
2. Verified documentation shall establish	a chain of custody of the genetic evidence;
3. A verified expert's report shall be prep	ared by a laboratory approved by the American
Association of Blood Banks or other accreditation	n body; and

4. A written report of the genetic test results shall be filed with the court and admitted

into evidence without further foundation, pursuant to I.R.C.P. 6(c)(7), unless a challenge to the

5. The genetic test report shall be served upon all parties as soon as it is obtained.

testing procedures or the genetic analysis has been made twenty-one (21) days before trial.

6	, as the requesting party, is ordered to pay the
initial costs of testing; however, such	costs shall be recovered by the prevailing party.
Date:	Judge
	S CERTIFICATE OF SERVICE all parties or their attorneys in the case, including yourself)
То:	
(Name) (Address)	[] By Hand-delivery
(City, State and Zip)	
То:	
(Name)	[] By Hand-delivery
(Address)	[] By Fax to (number)
(City, State and Zip)	
Date:	 Deputy Clerk